

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B7	70385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	73	7-47	54-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	6/10	7/3	4/
2	2/16	8/24	4/5
3	10/10	10/2	03/10
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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